

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385 43	2/10/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		71622	3-10-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/23/00
2	✓		7/24/00
3	✓		7/26/00
4	✓	✓	
5	✓	0	
6	C	0	
7	✓	✓	
8			
9			
10	✓	✓	
11	0	0	
12	C		
13	0		
14	C		
15	0		
16	✓	0	
17	✓	✓	
18	✓	1	
19	J		
20	✓		
21	✓	✓	
22	C	0	
23	C	0	
24	✓	✓	
25	✓		
26	✓		
27	J	✓	
28	0	0	
29	0		
30	0		
31	C		
32	J		
33	0	D	
34	✓	✓	
35	0	✓	
36	✓	0	
37	✓	✓	
38	✓	✓	
39	0	G	
40	✓		
41	C		
42	C	6	
43	✓	✓	
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49	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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